

PEER COUNSELOR APPLICATION QUESTIONS

NAME			

Please answer all questions on your own. This part of the application is both to get to know you and your experiences and to assess your reading and writing skills. Peer counselors assist the consumers they serve in many activities that require these skills. If you need additional space for your answers, you may attach a separate sheet of paper.

Be sure your answers are descriptive and thorough. You are required to sign off on the application that you have completed these questions on your own.

١.	Describe your experiences with the mental health system. Was it public or private?
2.	What kind of experiences have you had in working with other consumers of mental health services (include volunteer, paid or personal experiences in your answer)?

3.	To be a Peer Counselor you must be in recovery for at least the past year.				
	Describe in your own words, recovery or resilience, as it applies to mental health.				
4.	Based on your experience and knowledge, what are key factors in supporting and working with others?				
5.	Describe your experience in sharing your own success story verbally. How has this helped to build resiliency or recovery in your own life or the lives of others?				

6.	Describe your current employment or volunteer work situation. If you are not currently working or volunteering, how do you spend your time?
7.	What is your vision of good Peer Support services?
8.	Tell us why you believe you would make a good Peer Counselor.

9. Choose characteristic you value about yourself and explain why.
10. What do independence and autonomy mean to you?
11. In what ways do you provide for your own self-care during times of stress?

C	Please describe ways you have demonstrated qualities of leadership including governance, advocacy, creation or facilitation of peer-to-peer services, or other activities. How did these activities promote ecovery or resilience?	

<u> Mail :</u>

1) Completed application questions.

And

2) Completed, signed and dates application.

TO:

Attention: Bonnie Staples DSHS Mental Health Division P.O. Box 45320 Olympia, Washington 98504-5320

For further information contact: Bonnie Staples

1-888-713-6010 or 360-902-0794